

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-019715

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 261

Primary Registration District No. 3048

Registrar's No. 143

STATE FILE NUMBER

FILED MAY 21 1962

1. PLACE OF DEATH

a. COUNTY

Nodaway

b. CITY (If outside corporate limits, give TOWNSHIP only)

MARYVILLE

Length of stay in 1b

2 das

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL
INSTITUTION

St Francis Hosp

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Nodaway

c. CITY OR TOWN

Conception Jct.

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

RURAL

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED (Type or print)

First

Middle

Last

HARRY

OWEN

DARNELL

4. DATE OF DEATH

Month

Day

Year

5-16-1962

5. SEX

MALE

6. COLOR OR RACE

CAU

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

10-22-1894

9. AGE (last birthday)

67

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

FARMING

11. BIRTHPLACE (City and state of country)

Tiskelwa, Ill.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Wm. Henry Darnell

13b. MOTHER'S MAIDEN NAME

ETTA B OWEN

14. NAME OF HUSBAND OR WIFE

HARRIETT DARNELL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, not unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

RAYMOND DARNELL - SAVANNAH, MO.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Myocardial infarction

INTERVAL BETWEEN ONSET AND DEATH

12 h

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 5-14-1962 to 5-16-1962 and last saw him alive on 5-15-1962.

Death occurred at 5 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Maryville, Mo

22c. DATE SIGNED

5-15-1962

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

5-20-1962

23c. NAME OF CEMETERY OR CREMATORY

FARRAGUT LOWA

23d. LOCATION (City, town, or county)

FARRAGUT - LOWA

(State)

24. FUNERAL DIRECTOR

Atchison - Maryville, Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

5-18-62

26. REGISTRAR'S SIGNATURE

Beas Holt

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DOCUMENT

VS 300
Rev. 4/59

1 0745

2 0740

3

4 0

5 2

6

7 1

8 0

9 420.1

10

11

12 2-0

13 1-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

G M Althouse

Licensed Embalmer No.

2279

P. O. Address

Maryville Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.